STD. 262 (REV 10/92) CLAIMANT'S NAME TOM Sheehy POSITION   CB/ID NUMBER						Page									
											and Consumer Services Agency				
Undersecretary Exempt					State and Consumer Services Agency							1010 TELEPHONE NUMBER			
On file					915 Capitol Mall, Suite 200							on file			
On file					Sacramento					STATE CA			ZIP CODE 95814		
MONTHYEAR (3) (4) (5)			(5)	MEALS (6) (7)				TRANSPORTATION (B) (C) (			(B) (9)		(9)		
DATE TIME		I OCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T., N/C. RELO, OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED SC/PC	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
2-Feb	11:30	Sacramento							рс		7	3,50		3.5	
-Mar	8:30	Sacramento							рс	4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	18	9.00		9.0	
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171 1600	SUBT	OTALS	i								25	12.50		12.50	
		IMN CODE (ACCTG, USE	ONLY)												
		W TOTAL							100000000000000000000000000000000000000				\$12	.50	
1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) /22 travel to Building Standards Commission - CalGREEN meeting										(12) NORMAL WORK HOURS 8:30am to 5:30pm					
/8 travel to Franchise Tax - meeting										(13) PRIVATE VEHICLE LICENSE NUMBER On file					
									<u> </u>	(14) MILEAGE RATE CLAIMED .50 cents					
											NEEDS ADVISOR NEEDS	Y ACCOUNT			
I HEREBY CERTIFY That like above is a tirue statement of the travel expenses incurred by me in secondance with DPA rules in the service of the State of California. If a privately owned cide was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements										USE ONLY PAID REVOLVING FUND CHECK NUMBER					
rescribed by	SAM Secti	ons 0750, 0751, 0752, 0753, and 0754 pertaining to	vehicle safety and seat	bell usage.		(16) SIGNATL				EL AND PAYN	MENT	lc	)ATE		
4/															